

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
08/894,366

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3	1						53					
4	12						54					
5	12						55					
6	12						56					
7	12						57					
8	12						58					
9	12						59					
10	1P						60					
11	1P						61					
12	1P						62					
13	1P						63					
14	1						64					
15	1P						65					
16	1P						66					
17	1						67					
18	1P						68					
19	1P						69					
20	1P						70					
21	1P						71					
22	1P						72					
23	1P						73					
24	1P						74					
25	1P						75					
26	1P						76					
27	1P						77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	24						TOTAL DEP.					
TOTAL CLAIMS	27						TOTAL CLAIMS					